



Apr-15-2004 4:18pm

From-Henkel Corporation

610-278-6549

T-753 P.001/001 F-738

04-011

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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00423 7590 01/23/2004

HENKEL CORPORATION
THE TRIAD, SUITE 200
2200 RENAISSANCE BLVD.
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Mary Lynne Carlisle (Depositor's name)
Mary Lynne Carlisle (Signature)
4-15-04 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/769,128	01/24/2001	Brian B. Cuyler	M 6691 HST CCAE-COIL	5560

TITLE OF INVENTION: DRY-IN-PLACE ZINC PHOSPHATING COMPOSITIONS INCLUDING ADHESION- PROMOTING POLYMERS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	04/23/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
OLTMANS, ANDREW L	1742	148-251000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Stephen D. Harper2. Mary K. Cameron

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Henkel Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Gulph Mills, PA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies 10

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 01-1250 (enclose an extra copy of this form).

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Mary K. Cameron
(Authorized Signature) (Date) 4/15/04

Mary K. Cameron

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01 FC:1501 1330.00 DA

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PTO-125 (Rev. 11/03) Approved for use through 04/30/2004.

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